R4

USAID/AMERICAN SCHOOLS AND HOSPITALS ABROAD

Results Review and
Resource Request (R4)

10 May 2000

Please Note:

The attached FY 2002 Results Review and Resource Request ("R4") was assembled and analyzed by the country or USAID operating unit identified on this cover page.

The R4 is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

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R4 Part I: Overview/Factors Affecting Program Performance

The Office of American Schools and Hospitals Abroad (ASHA) awards grant assistance to selected schools, libraries, and hospital centers overseas that are study and demonstration sites for United States education and medical achievement and research. Annual competitive grant awards to U.S. Organizations (USOs) are used to enhance the Overseas Institutions' (OSI) effectiveness to demonstrate state-of-the-art technologies and approaches and to inculcate U.S. ideas and practices. ASHA grant funds are primarily used for infrastructure development and the purchase of state-of-the-art medical and educational equipment. To implement the grants, ASHA has formed private sector partnerships with USOs and their OSI partners. USOs and OSIs implement the grants with American or American-trained professionals that have a commitment to the sustainability of new U.S. technologies and approaches at the OSIs.

ASHA's Strategic Plan, approved on July 25, 1997, contains a single Strategic Objective (SO) derived from ASHA's congressional mandate: "Demonstrate U.S. educational and medical technologies and practices in selected countries."

The activities supporting ASHA's Strategic Objective directly contribute to the Agency's goal of Human Capacity Built Through Education and Training. In turn, these activities contribute to the Agency's Economic and Democratic Growth goals by expanding the capacity of host countries to manage their own social and economic progress by using American models to identify and implement appropriate policies. ASHA grants assist OSIs in developing, adapting or adopting progress-enhancing technologies and in developing a commitment to more open lines of inquiry and tolerance.

Instruction programs supported by ASHA serve the secondary or higher level with the schools offering a broad-based academic program including instruction in the history, geography, political science, cultural institutions and/or economics of the United States. Institutions are expected to increase understanding of the United States. The faculty and staff of ASHA-supported schools include a significant number of U.S. citizens or other professionals trained at U.S. institutions.

ASHA-supported colleges and universities produce the educated leaders and skilled professionals essential to the development of politically and economically sustainable societies that promote U.S. ideas and practices.

Hospital centers funded by ASHA are institutions engaged in medical education and research. Programs for postgraduate training in the United States and programs of exchange of personnel with American institutions are regarded as evidence of the ability of institutions to demonstrate U.S. ideas and practices in medicine and health care. With the transfer of American medical skills, ethics, procedures, equipment and supplies, and management techniques, ASHA-funded institutions have increased access to quality medical treatment and care and therefore, continue to contribute to USAID's goal of stabilizing world population and protecting human health.

ASHA-funded institutions and their graduates are often in the position to participate in crisis prevention, mitigation, and response; therefore, these institutions also support the Agency's goal of Lives Saved, Suffering Associated with Natural or Man-made Disasters Reduced, and Conditions Necessary for Political and/or Economic Development Re-established. Through its grants, ASHA activities continue to further the development objectives of the Bureau for Humanitarian Response (BHR), specifically, strengthened capability of PVO and NGO community to deliver development and emergency services. Illustrative of this is regional leadership role the Pan American School of Agriculture (Zamorano) continues to play in the recovery efforts following Hurricane Mitch and the school's leadership in prevention of forest fires in Honduras.

ASHA managed 72 grants during this reporting period. These 72 grants were being implemented by 39 USOs supporting 48 OSIs. Of the total number of active grants in the reporting period, 31 were to educational institutions and 17 were to hospital centers. Seven of the grants where to institutions in the African (AFR) region, 11 grants in the Asian Region, 10 grants in the European/Eastern European (E/EE) region, 7 grants in the Latin American and Caribbean (LAC) region, 11 grants in the Middle East region, and two worldwide grants.

R4 Part II Results Review by SO

Text for SO a

Country/Organization: American Schools and Hospitals Abroad

Objective ID: 964-001-01

Objective Name: Demonstrate U.S. educational and medical technologies and practices in selected countries

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Self Assessment: On Track

Self Assessment Narrative: Eighty-five percent of grantees reporting reported meeting or exceeding targets for this reporting period.

Primary Link to Strategic Agency Framework: 3.2 Higher Education and Sustainable Development (please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☒ 1.1 Private Markets
- ☒ 1.3 Economic Opportunity for Poor
- 2.2 Credible Political Processes
- 2.4 Accountable Gov't Institutions
- 3.2 Higher Ed/Sustainable Development
- 4.2 Infant/Child Health/Nutrition
- 4.4 HIV/AIDS
- 5.1 Global Climate Change
- 5.3 Sustainable Urbanization/Pollution
- ☒ 5.5 Natural Resource Management
- 6.2 Urgent Needs in Time of Crisis Met
- ☐ 7.1 Responsive Assist Mechanisms Developed
- ☐ 7.3 Commit Sustainable Development Assured
- ☒ 1.2 Ag Development/Food Security
- ☒ 2.1 Rule of Law/Human Rights
- ☒ 2.3 Politically Active Civil Society
- ☒ 3.1 Access to Ed/Girl's Education
- 4.1 Unintended Pregnancies Reduced
- ☒ 4.3 Child Birth Mortality Reduced
- ☒ 4.5 Infectious Diseases Reduced
- ☒ 5.2 Biological Diversity
- ☒ 5.4 Environmentally Sound Energy
- 6.1 Impact of Crises Reduced
- 6.3 Security/Basic Institutions Reestablished
- X 7.2 Program Effectiveness Improved
- X 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: National Security

Primary Link to MPP Goals: NA

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:

Four indicators have been selected to measure ASHA's progress towards the achievement of its performance objective. The indicators are:

(1) Percent of grants that complete all the agreed upon actions by the original PACD;
(2) Percent of grants that have and use a performance monitoring plan (PMP);
(3) Percent of grants that have expanded access as a result of ASHA activities; and
(4) Percent of grants that made quality improvements in key areas.

SO Indicator #1: Percent of grants that complete all the agreed upon actions by the original PACD

Indicator #1 measures whether the facilities, equipment, and program inputs have been completed or delivered as agreed upon. This is used as an indicator of the effectiveness of grant implementation. The unit of measurement is the percent of grants completed by their original Project Assistance Completion Date (PACD). Grantees completed 66.7% of the grants with PACD during this reporting period as originally planned. This is an increase from 33% for the previous year and exceeds this year's target of 35%.

SO Indicator #2: Percent of grants that have and use Performance Monitoring Plans

In order to monitor the impact of its grants and to assist both ASHA and the grantees in managing grants and obtaining planned results, the writing, submitting, and use of PMPs by grantees was made a requirement of all grants awarded after 1995. Beginning with grants awarded in 1998, ASHA has made an accepted PMP a condition for dispersal of grant funds. The following was added to the Project Implementation Letter:

"Before funds may be released, the grant requires the approval of your PMP. The PMP must be prepared according to the guidance provided by ASHA. At a minimum, the PMP must contain 1) performance indicators and their definition, 2) the data source for each performance indicator, 3) a description of the method of data collection, 4) the frequency and schedule of data collection, 5) the name of the person, team or office responsible for data collection, and 6) a plan for data analysis. A performance indicator is required for each Specific Objective and Intermediate Result covered by the grant. As part of the preparation of the PMP, grant recipients are required to set annual goals for each performance indicator. Grant recipients should use the forms provided by ASHA to complete their PMP."

The baseline for this indicator was 4.3 percent of the active grants had and used PMPs as determined in 1997. During this reporting period, 78 percent of the active grants had and used PMPs exceeding the target of 50 percent.

SO Indicator #3: Percent of grants that have expanded access as a result of ASHA activities

This indicator measures the degree to which ASHA assistance has resulted in increased access to demonstrations of U.S. technologies and approaches. This indicator captures the results of

ASHA grants that have led to a general increase in enrollment/use or have resulted in increased access. Fifty-one percent of ASHA grants reported increased access as a result of their ASHA grant during the reporting period. The target was 50%.

SO Indicator #4: Percent of grants that made quality improvements in key areas

This indicator measures the degree to which ASHA assistance has resulted in quality improvement in key areas. Fifty-four percent of the grantees (target 50%) reported that their grant led to quality improvement in these key areas.

? Facilitate the free flow of ideas, information, and democratic practices through an increase in access to technical information and communication technology.

? Target priority development issues including addressing vulnerable and under-served populations, increasing client-focused services, and addressing priority research issues.

? Accelerate institutional maturity by advancement towards accreditation and increasing self-sufficiency.

? Facilitate the free flow of ideas, information and democratic practices

Key Results:

SO Indicator #1: Percent of grants that complete all the agreed upon actions by the original PACD

Indicator #1 measures whether the facilities, equipment, and program inputs have been completed or delivered as agreed upon. This is used as an indicator of the effectiveness and efficiency of grant implementation. The unit of measurement is the percent of grants completed by their original Project Assistance Completion Date (PACD). The increase in the percentage of grants that are completed on time reflects the fact that grantees have begun to plan on contingencies as part of their grant application and this, in turn, has begun to yield grant applications with more realistic timelines. Construction delays, natural and man-made disasters, currency fluctuations and other factors will always be needed to be considered as critical assumption in submitting a grant application and in reviewing and awarding the grant.

This indicator also measures the effectiveness of the management of ASHA grants by the grantees and by ASHA. During this reporting period, ASHA's capabilities to efficiently manage its portfolio was challenged with the loss of one direct hire staff, the staff engineer. This was a key position in ensuring effective implementation of the grants. Comments from grantees on this year's R-4 questionnaire reveal that the loss in a direct hire position, 25% of ASHA's direct hire staff, has already caused implementation delays in spite of the fact that ASHA has contracted institutional support to help make up for the loss. ASHA has concerns about maintaining progress in accomplishing this result.

SO Indicator #2: Percent of grants that have and use Performance Monitoring Plans

As a result of making dispersal of grant funds conditioned on the approved of a PMP for each grant, many grantees and the institutions that they support have begun or have expanded their own strategic planning efforts. Many of the grantees have been developing organization-wide strategic plans for the management of their overall activities. This has begun to be reflected in new grant applications that are now including strategic elements in project descriptions. The overseas institutions are developing strategic plans that delineated the contribution of the organization as well as that of the U.S.-based sponsor and of ASHA to achieving specific results. The PMPs written, as a collaboration of the US sponsoring organization, the overseas institution and ASHA, are being used to manage the grants and to report on progress towards accomplishing the desired results.

SO Indicator #3: Percent of grants that have expanded access as a result of ASHA activities

There are many examples of increased access as a result of ASHA funding. A few illustrative examples include:

? The opening of new classrooms and women's dormitory at Loyola Secondary School in Nigeria allowed enrollment at the school to continue to increase during this reporting period. The construction of the female dormitory provided accommodation for 300 female students and 9 female staff. Female students, formerly living in temporary quarters, were able to move to their own facility, providing better and more secure permanent accommodation. The availability of accommodation for female students is an example of the schools commitment of narrowing the gender gap.

? Because of ASHA support, the American College of Sofia in Bulgaria has been able to increase its enrollment from 531 to 554. The increase in part-time students rose to more than 500. President Clinton referred to the college, during his visit to the school last year, as the best example of friendly relations between the USA and Bulgaria.

? The total full-time student enrollment reached 874 for the Fall Semester of 1999 at the ASHA-supported Africa University in Zimbabwe. These students come from 18 different countries in Africa. The old library facility could only accommodate 5% of the current student body. The new ASHA- funded library, with seating capacity of 300 and 250,000 shelving capacity, will vastly increase access to vitally needed information. In addition, the educational telecommunication center of the library will enable the planning and implementation of the distance education program to reach people in remote locations in Africa through telecommunication technologies.

? Grant activity at the American University in Bulgaria included the construction and furnishing of two dormitories for 180 beds. The facility has become the center for student activities and makes possible the realization of community and Alumni outreach programs.

? During 1999, more students and teachers at the American Community School in Lebanon were using the library in the Upper School to conduct searches and execute school related projects using the internet lab and the new computer hardware and peripherals purchased with ASHA grant money. The school added more than 8,600 titles to the library collection

? With the installation of computers in the library and the 2 IT laboratories at the American Farm School in Greece, students have much better access to key information assets. Operating hours have been extended so the library is in use from 7:30 am to 10:00 pm daily. Staff and classrooms that have been excluded from computer use in the past have now been brought into the system by extending the network and they are now able to share computer-generated material.

? At American University of Armenia, ASHA grant activities led to an increase in access to facilities and attracted a greater number of students, particularly to the Extension program. From 1996 to 1997 there was a student body of 1,274. During the reporting period, enrollment increased to 1,514. Also, the attendance at the Extension lecture series has become popular and available to a greater audience with the simultaneous translation service. With ASHA grant funds, renovation of the library basement led to increase access and use of facilities. The renovation was crucial to meet the growing needs of the University. The AUA libraries currently serving approximately 2,000 students and faculty members, an increase of 1,800 since its inception in 1991.

? The ASHA-funded Institute of Energy and Environmental Program at the Feinberg Graduate School in Israel provides a unique opportunity to study the impact of rapid industrialization and agricultural development on the environment. Current major projects include reconstruction and analysis of past global climate changes, modeling ocean currents and their interaction with the atmosphere, and development of new renewable energy technologies – including a very promising large-scale power generation project.

? ASHA-sponsored activities at the American University of Beirut resulted in graduate students' greater access to new equipment vital to their research. Undergraduate students benefited from the increased number of laboratory set-ups resulting in better teaching and more participation by the students in labs.

? ASHA funding is being used to construct a new Out Patient Department facility at the Ludhiana Christian Medical College in India. This is replacing a 75-year-old facility and it is anticipated that the new building will vastly improve access to outpatient services.

? The activities sponsored by the ASHA grant during the reporting period led to a marked increase in the use of the Trauma and related facilities at the Hadassah Medical Center in Israel. With the purchase of equipment and supplies with ASHA funds, the Trauma Unit and the related departments were able to provide better diagnoses, an increased number of surgical procedures, and in general more lives were saved. With the assistance of ASHA-funded equipment, the hospital has been able to establish a multidisciplinary women's health center. The process of setting up the center for women involved coordination of physicians from many disciplines. The

opportunity to provide treatment, follow-up and support of women's health at the Center attracted teams of specialist from the various fields. This would have been impossible without the equipment purchased with ASHA funds.

? At the King Edward Memorial Hospital in India, the ASHA funds help create new capability in critical newborn care and expanded the scope of care for high-risk pregnancies. It also increased the access to the Internet for students, interns, and physicians for training and research.

? ASHA grants have supported the construction and opening of a 28,400 square foot Kikuyu Orthopedic Rehabilitation Center (KORC) in Kenya. The facility provides two orthopedic operating rooms, fully equipped physical therapy building, orthotics/prosthetics workshop, seven examination/treatment rooms, and wards, kitchen and laundry to 36 in-patients. This combination of facilities and equipment allows the KORC to accommodate the current and projected future demand for Orthopedic services and to solicit patients from the underserved areas. Screeners have been located in the towns of Mwingi and Kajiado to refer patients to KORC. Existing outreach programs at Meru Children's home and the Somalia Clinic have increased.

? ASHA-funded ORBIS eye training programs generated increased access during and after the completion of the program. During the program, doctors and nurses have access to advanced American opthalmic practices and procedures that are not taught in the host country. As important, the health professions were able to interact with and learn from instructors from the United States where state-of-the-art ophthalmology is practiced. During training programs, host-country patients are given access to sight-saving treatments otherwise not available to them. After the program has ended, the procedures taught are used by local doctors to give thousands of additional patients access to treatments that can restore or save their sight.

? The integration and expansion of Zamorano's communication technologies with ASHA support has allowed the school to develop a multitude of information products that increase visibility of the school's academic and outreach activities. One especially important area was in revitalizing the school's prospective-student promotional campaign. The school was able to recruit the largest incoming class in its history (281 students) bringing the student body up to 782 students.

SO Indicator #4: Percent of grants that made quality improvements in key areas

Some illustrative examples of ASHA funding leading to quality improvement include:

? Approximately 95 per cent of the graduating class of the American College of Sofia enrolled in colleges and universities, 40 percent of them outside Bulgaria. About 30 per cent were awarded sufficient scholarships by U.S. institutions to permit them to enroll in the US.

? ASHA funded renovation and upgrading at the American Community School Upper School facility permitted the school to provide interactive education which included problem solving, analyses, and research in all academic fields. The ASHA-funded library at the school is one-of-

a-kind in Lebanon. Most secondary schools do not have libraries and if they do the facilities and collection are poor. The ACS library is open to the students, alumni, parents, faculty, and staff. During the reporting period, the library hosted workshops for school librarians from various Lebanese schools and worked with schools in Lebanon to help set up libraries and demonstrated how to automate a collection.

? Improvement of the computer network, student resources, library resources, and telephone systems at the American Farm School led to improvement in the quality of both education and in the management of the school.

? Due in a large part to ASHA-funded improvement, the American University of Armenia has been granted eligibility by the U.S. accrediting agency of the Western Region, the Western Association of Schools and Colleges (WASC). Accreditation is a measurement of quality improvement.

? The upgrading of security at the American University of Beirut has led to real improvement in life on campus since it deters terrorist.

? The quality of outpatient care at Ludhiana Christian Medical College in India, has been improved by the spacious facilities that are air-conditioned in critical areas, the use of state-of the- art U.S. medical equipment, an interconnected computer system to maintain medical records and flow of patients, and internet and CD-ROM to access latest U.S. medical technology.

? The shorter waiting period for appointments for mammography's and ultrasound at Hadassah Medical Center allowed for an increased number of tests to be done at better quality. The number of successful high-risk pregnancies and the number of successful multi-birth pregnancies and deliveries increased as a result of the availability of new sophisticated equipment that monitors pregnancies.

? At King Edward Memorial Hospital in India, ASHA funding improved the quality of care by assisting in creating a new capability to provide critical care to newborn infants and significantly increased the capability to treat high-risk pregnancies. The ASHA grant assisted the hospital to show improved quality of services and success in addressing two major problems, birth asphyxia and neonatal liver disease. The ASHA grant provided significant improvement in the monitoring and treatment of difficult pregnancies and at risk-births.

? With ASHA funding for communication and information technology, both the hospital facilities and the School of Nursing facilities at Nancy Fulwood Hospital in Pakistan were upgraded allowing the nursing school to increase significantly the demonstration of U.S. practices and technologies in teaching nursing students. During the reporting period, the Pakistan Nursing Council advised the school that on the standardized competitive examinations given by the Council to all nursing students across Pakistan, that Nancy Fullwood Hospital students consistently ranked #1 in their class.

Major Contractors and Grantees:

Institutions with active grants during this reporting period include:

African Medical and Research Foundation, Inc
African Methodist Episcopal Service and Development, Inc.
American College of Greece, Inc.
American Committee for Shaare Zedek Hospital
American Leprosy Missions, Inc.
American University in Bulgaria, Inc.
American University of Armenia Corporation
American University of the Caribbean
AMMA Foundation
Angeles University Development Foundation
Athens College in Greece
Board of Trustees Santiago College
Christian Brothers Conference, Inc.
Detroit Province of the Society of Jesus
Domestic and Foreign Mission Society
Elwyn, Inc.
Escuela Agricola Panamericana, Inc.
ESPERANCA
Foundation for Understanding and Enhancement
Foundation Francisco Morroquin
U.S. Foundation of the University of the Valley of Guatemala
Friends of the American Board Schools in Turkey
General Board of Higher Education and Ministry
Hadassah Medical Relief Association, Inc.
International College of Beirut Board of Trustees
Jesuit Seminary and Mission Bureau of New York
The Johns Hopkins University - School of Advance International Studies
Medical Benevolence Foundation, Inc.
Office of the Trustees & Greek Summer
ORBIS International, Inc.
People-to-People Health Foundation, Inc.
Sisters of Mercy - Dallas Regional Community
Sofia American Schools, Inc.
The Nazareth Project, Inc.
Trustees of Anatolia College
Trustees of the American Community School
Trustees of the American University in Cairo
Trustees of the American University of Beirut
Trustees of the Feinberg Graduate School of the Weizman Institute of Sciences
Trustees of the Lebanese American University
Vellore Christian Medical College Board (USA), Inc.
Wesleyan World Mission Board, Inc
World Witness Board of Foreign Missions

Performance Data Table

Objective Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Objective ID: 964-001-01			
Approved: 25/07/97	Country/Organization: American Schools and Hospitals Abroad		
Result Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Indicator: Percent of grants that complete all the agreed upon actions by the original PACD			
Unit of Measure: Percent	Year	Planned	Actual
Source: Project MIS	1997(B)	NA	9.5% *
Indicator/Description: Number of grants completed by original PACD/total grants	1998	20%	33% **
	1999	35%	69%
	2000	70%	NA
Comments: * percent of grants that were completed as anticipated in 1997 (2 of 21) ** percent of grants that were completed as anticipated in 1998 (6/18) ***percent of grants that were completed as anticipated in 1999 (9/13)	2001	70%	NA

Performance Data Table

Objective Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Objective ID: 964-001-01			
Approved: 25/07/97	Country/Organization: American Schools and Hospitals Abroad		
Result Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Indicator: Percent of grants that have and use Performance Monitoring Plans			
Unit of Measure: Percent	Year	Planned	Actual
Source: Project MIS	1997(B)	NA	4.3% *
Indicator/Description: Grants with plans that contain measurable, result-oriented objectives that contribute to the ASHA strategic plan, outcome indicators, data reporting format and a time-line. Number of grants with plans/total number of grants	1998	25%	43% **
	1999	50%	78%***
	2000	75%	NA
	2001	100%	NA
Comments: * Grantees submitted PMPs for 4 of the active 92 grants during or prior to the reporting period. ** Grantees submitted PMPs for 29 of the 67 active grants during or prior to the reporting period *** Fifty-six of the 72 active grants have and use ASHA approved PMPs..			

Performance Data Table

Objective Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Objective ID: 964-001-01			
Approved: 25/07/97	Country/Organization: American Schools and Hospitals Abroad		
Result Name: Demonstrate U.S. educational and medical technologies and practices in selected countries			
Indicator: Percent of grants that have expanded access as a result of ASHA-funded activities			
Unit of Measure: Percent	Year	Planned	Actual
Source: Project MIS	1997(B)	NA	48% *
Indicator/Description: Number of grants increasing access/total number of active grants	1998	50%	64% **
	1999	50%	51%
	2000	50%	NA
Comments: * Grantees reported that 44 of the 92 active grants increased access for the reporting period. ** Grantees reported that 43 of the 67 active grants increased access for the reporting period. *** Grantees reported that 37 of the 72 active grants increased access for the reporting period. NOTE: This indicator is dependent on the maturity of the grant. New grants (first years) are not expected to contribute to this result. ASHA's target is to maintain a balanced grant portfolio with half of the grants leading to increased access during any reporting period.	2001	50%	NA

Performance Data Table

Objective Name: Demonstrate U.S. educational and medical technologies and practices in selected countries	
Objective ID: 964-001-01	
Approved: 25/07/97	Country/Organization: American Schools and Hospitals Abroad
Result Name: Demonstrate U.S. educational and medical technologies and practices in selected countries	
Indicator: Percent of grants that resulted in quality improvements in key areas	

Unit of Measure: Percent
Source: Project MIS
Indicator/Description: Number of grants improving quality /total number of active grants
Comments: * Grantees reported that 55 of the 92 active grants increased quality in key areas during the reporting period. ** Grantees reported that 44 of 67 active grants increased quality in key areas during the reporting period. *** Grantees reported that 39 of 72 active grants increased quality in key areas during the reporting period. NOTE: This grant is dependent on the maturity of the grant. New grants (first years) are not expected to lead to contribute to this result. ASHA's target is to maintain a balanced grant portfolio with half of the grants leading to quality improvements in key areas during any reporting period.

Year	Planned	Actual
1997(B)	NA	60% *
1998	75%	66% **
1999	50%	54%***
2000	50%	NA
2001	50%	NA

R4 Part III: Resource Request

Rational for Program Resources Level and SO Allocations

ASHA manages an annual grants program to support overseas educational and health institutions, which demonstrate, on a selected basis, American ideas and practices. The program relies on a competitive process for awarding grants; receiving 51 applications for FY 2000 with funding requests of over $57.6 million and awarding approximately 25 grants that provide partial funding for the grantees' programs. ASHA currently has 95 active grants in 27 countries worldwide with total awards valued at over $52 million.

Last year's DA operating year budget (OYB) was $15.0 million, a level which is barely adequate to hold a minimum competition and for monitoring and oversight of the program in FY 2001 and FY 2002. Current applicant funding requests are about four times the ASHA OYB. Twenty-one million dollars is the minimum required to hold a competition and to implement the required management oversight for this highly visible and politically sensitive program.

For FY 2001 and 2002, ASHA is requesting $21.0 million in DA funds for each year. Twenty million dollars each year is requested for the competitive grant process. ASHA's request for additional DA still leaves us well below what it would take to adequately fund all competitive applicants. However, it provides us with a more reasonable opportunity to implement our strategic plan and realize our stated results.

In order to provide the program support functions required to sustain the effective management of the ASHA program and implement our strategic plan, a minimum of $970,000 is required for FY 2001 and FY 2002. These funds are required for the annual competitive review, evaluation and audits, and our institutional support contract. Engineering consultant support is now included in ASHA's institutional support contract since the direct hire Engineering Officer's position was deleted from ASHA in FY 1999. It is imperative that the increased level of DA is received in order to cover a full-time licensed, professional Engineer in our institutional support contract, and in order for ASHA to provide a more reasonable funding level to its construction/ renovation grants. The use of engineering services from an Agency IQC was considered; however, it was determined to be more economical to use the existing institutional contract.

ASHA proudly reports in Part II of this R4 that once again we (ASHA and our partners) are on target for our strategic objective. These positive results should be used by USAID resource decision-makers to determine that the ASHA program is worthy of their support and certainly of the nominal increased levels requested in FY 2001 and FY 2002.

ASHA Program Request in Relation to OE and Staffing Requirements

The ASHA direct-hire staff includes four professionals. ASHA's split-funded institutional support contract provides support for the critical services, such as, engineering consultant,

information technology support, administrative support (including maintenance of USAID's official files for ASHA grants), financial reviews, pre-award audits, annual review documents, etc. The data collection activities link directly toward monitoring the strategic objective progress. It also provides the critical financial analysis and review of the institutions. We are not requesting an increase in the OE portion of the institutional support contract as the FY 1999 actual level reflects the decrease distributed throughout BHR. For a number of years, OE contractor support was supplied to ASHA through a BHR/PVC contract. A separate contract within ASHA was maintained for a DA funded support contract. In an effort to streamline and have a consolidated ASHA Team, all institutional support contract efforts were included in one split-funded contract within ASHA. The need for OE has certainly not diminished with this efficiency and for FY 2001 and FY 2002 we are requesting the level of OE funds clearly established for ASHA support. The DA portion was addressed in the previous section of Part III.

The request for OE travel funds is at the bare minimum and reflects no increase in the very modest level we have been receiving in recent years. The FY 1999 actual level reflects the decrease distributed throughout BHR. For FY 2001 and FY 2002 we are requesting $30,000 each year. Due to the shortage of direct-hire staff, it is not possible to make more site visits and effectively manage day-to-day requirements of the ASHA program. It is critical that the level for OE travel be maintained at the requested level in order to allow ASHA direct-hire staff to visit both U.S. sponsor headquarters and overseas institutions.

Staff training is important to ASHA management and we have included a minimal amount of OE funds to cover critical work related to training offered outside of USAID. For example, USDA frequently offers valuable training directly related to ASHA staff responsibility. Since USAID does not offer this training, we plan on taking advantage of off-site opportunities.

In 1982, USAID/IG stated in their audit of ASHA that the office was understaffed to handle the average of 25 grants annually awarded. At that time, there were 7 ASHA staff members. Today, due to the numerous Congressional directives there are as many grants annually as there was in 1982. Now, ASHA is down to 4 direct-hire staff and cannot adequately monitor the implementation of grants. Given that the life of an ASHA grant can be up to 5 years, there are currently 95 active grants. ASHA is requesting one additional direct-hire to aid us in providing quality monitoring of grant implementation. This FTE position would work on grant implementation issues with ASHA grantees.

The above information is displayed graphically in the attached tables (a) WASHINGTON OE BY RESOURCE CATEGORY BHR/ASHA, (b) USDH Staffing Requirements by Backstop, FY 2000 – FY 2003, (c) Workforce Tables FY 2000 – FY 2002, and (d) FY 2002 Budget Request by Program/Country.

ASHA Pipeline Performance

There are no inconsistencies between ASHA pipeline levels as of September 30, 1999 and Agency Forward Funding Guidelines presented in ADS Section 602. Section 602.5.3 b) provides one exception in forward funding requirements for construction activities. Section

602.5.3 c) provides another exception to the requirements for new programs. All of ASHA grants are generated from an annual competitive process and fall under one or both of the exceptions indicated.

Supplemental Information Annexes

Environmental Impact

IEESs will be required for new grants yet to be awarded. ASHA maintains close working relationship with the Bureau Environmental Officer in order to plan and implement these IEESs.

Information Annex Topic: Updated Results Framework

ASHA Strategic Plan, approved on July 25, 1997, contains a single Strategic Objective derived from ASHA's congressional mandate: "Demonstrate U.S. educational and medical technologies and practices in selected countries."